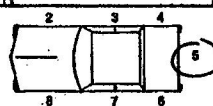
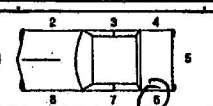


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>14-15517</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO. <b>14-15517</b>	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>				DATE OF CRASH <b>09/07/14</b>		TIME: MILITARY <b>1506</b>	
CRASH OCCURRED ON <b>1425 Columbus Ave, Lebanon, Ohio 45036 (Kroger lot)</b>										WITHIN THE INTERSECTION OF	
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E S OF										CITY CODE <b>8321</b>	
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. <b>1</b>		NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Sallee, Darrell K.</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>269 Countryside Dr., Lebanon, Ohio 45036</b>							
PHONE NO. <b>513-465-1481</b>		BIRTH DATE <b>11/06/54</b>		AGE <b>59</b>		SEX <b>M</b>		SOCIAL SECURITY NO. -		STATE <b>Oh</b>	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>				ADDRESS				PHONE			
VEH YR <b>2010</b>		MAKE <b>Honda</b>		MODEL <b>Civic</b>		COLOR <b>Maroon</b>		STYLE		STATE <b>Oh</b>	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. <b>2</b>		NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Franklin, Mary E.</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>564 Little Creek Dr., Lebanon, Ohio 45036</b>							
PHONE NO. <b>513-331-0386</b>		BIRTH DATE <b>07/12/58</b>		AGE <b>56</b>		SEX <b>F</b>		SOCIAL SECURITY NO.		STATE <b>Oh</b>	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>				ADDRESS				PHONE			
VEH YR <b>2013</b>		MAKE <b>Hyundai</b>		MODEL <b>4d</b>		COLOR <b>White</b>		STYLE		STATE <b>Oh</b>	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		INJURIES	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		CONDITION	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		RESTRAINTS	
A B C		INJURED TAKEN TO				By		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO				By		A B C D E F		TESTED	
A B C		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD		A B C D E F		TESTED	
D E F		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD		A B C D E F		TESTED	
RECEIVED CALL <b>1506</b>		DISPATCHED <b>1507</b>		ARRIVED <b>1510</b>		CLEARED <b>1524</b>		OTHER TIME <b>30</b>		TOTAL MINUTES <b>00:00:48</b>	
DATE REPORT FILED <b>09/07/14</b>		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME <b>Stewart</b>		BADGE NO. <b>120</b>		CHECKED BY		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	